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## Pass Guaranteed Quiz 2026 CIC: Valid Exam CBIC Certified Infection Control Exam Flashcards

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### CBIC Certified Infection Control Exam Sample Questions (Q189-Q194):

#### NEW QUESTION # 189

A 15-year-old is diagnosed with invasive meningococcal disease. Which of the following should receive chemoprophylaxis?

- A. Household members
- B. A school classmate who has shared school supplies
- C. A healthcare personnel who was exposed to urine and feces
- D. Basketball teammates

Answer: A

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) clearly outlines recommendations for postexposure chemoprophylaxis following invasive meningococcal disease, which is caused by *Neisseria meningitidis*. This organism is transmitted through direct contact with respiratory secretions or saliva, such as through kissing, sharing eating utensils, or prolonged close household contact.

Household members are considered high-risk close contacts because they have sustained, close exposure to the patient's respiratory droplets and oral secretions. As a result, they should receive chemoprophylaxis as soon as possible, ideally within 24 hours of identification of the index case, to prevent secondary cases. This recommendation applies regardless of vaccination status.

The other options do not meet criteria for prophylaxis. Healthcare personnel exposed only to urine or feces (Option B) are not at risk, as *N. meningitidis* is not transmitted via these routes. Casual school contact or sharing supplies (Option C) does not constitute close exposure to respiratory secretions. Athletic teammates (Option D) generally do not require prophylaxis unless there was direct exposure to saliva (e.g., sharing water bottles or mouthguards).

For CIC exam preparation, it is essential to recognize that chemoprophylaxis is limited to close contacts with direct exposure to respiratory secretions, with household members being the most consistent and clearly defined group requiring prophylaxis.

### NEW QUESTION # 190

An 84-year-old male with a gangrenous foot is admitted to the hospital from an extended-care facility (ECF).

The ECF is notified that the wound grew *Enterococcus faecium* with the following antibiotic sensitivity results:

ampicillin - R

vancomycin - R

penicillin - R

linezolid - S

This is the fourth *Enterococcus* species cultured from residents within the same ECF wing in the past month.

The other cultures were from two urine specimens and a draining wound. The Infection Preventionist (IP) should immediately:

- A. Notify the medical director of the outbreak.
- B. Conduct surveillance cultures for this organism in all residents.
- C. Compare the four culture reports and sensitivity patterns.
- D. Notify the nursing administrator to close the wing to new admissions.

**Answer: A**

Explanation:

The scenario describes a potential outbreak of multidrug-resistant *Enterococcus faecium* in an extended-care facility (ECF) wing, indicated by four positive cultures (including the current case and three prior cases from urine and a draining wound) within a month. The organism exhibits resistance to ampicillin, vancomycin, and penicillin, but sensitivity to linezolid, suggesting a possible vancomycin-resistant *Enterococcus* (VRE) strain, which is a significant concern in healthcare settings. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the importance of rapid outbreak detection and response in the "Surveillance and Epidemiologic Investigation" domain, aligning with Centers for Disease Control and Prevention (CDC) guidelines for managing multidrug-resistant organisms (MDROs).

Option A, "Notify the medical director of the outbreak," is the most immediate and critical action. Identifying an outbreak—defined by the CDC as two or more cases of a similar illness linked by time and place—requires prompt notification to the facility's leadership (e.g., medical director) to initiate a coordinated response. The presence of four *Enterococcus* cases, including a multidrug-resistant strain, within a single ECF wing over a month suggests a potential cluster, necessitating urgent action to assess the scope, implement control measures, and allocate resources. The CDC's "Management of Multidrug-Resistant Organisms in Healthcare Settings" (2006) recommends immediate reporting to facility leadership as the first step to activate an outbreak investigation team, making this the priority.

Option B, "Compare the four culture reports and sensitivity patterns," is an important subsequent step in outbreak investigation. Analyzing the antibiotic susceptibility profiles and culture sources can confirm whether the cases are epidemiologically linked (e.g., clonal spread of VRE) and guide treatment and control strategies. However, this is a detailed analysis that follows initial notification and should not delay alerting the medical director. Option C, "Conduct surveillance cultures for this organism in all residents," is a proactive measure to determine the prevalence of *Enterococcus faecium*, especially VRE, within the wing. The CDC recommends targeted surveillance during outbreaks, but this requires prior authorization and planning by the outbreak team, making it a secondary action after notification. Option D, "Notify the nursing administrator to close the wing to new admissions," may be a control measure to prevent further spread, as suggested by the CDC for MDRO outbreaks. However, closing a unit is a significant decision that should be guided by the medical director and infection control team after assessing the situation, not an immediate independent action by the IP.

The CBIC Practice Analysis (2022) and CDC guidelines prioritize rapid communication with leadership to initiate a structured outbreak response, including resource allocation and policy adjustments. Given the multidrug-resistant nature and cluster pattern, notifying the medical director (Option A) is the most immediate and appropriate action to ensure a comprehensive response.

References:

\* CBIC Practice Analysis, 2022.

\* CDC Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006.

### NEW QUESTION # 191

An infection preventionist (IP) is tasked with developing an infection prevention training program for family members. What step should the IP take FIRST?

- A. Create clearly defined goals and objectives for the training.
- B. Develop a plan to create an appropriate training environment.
- **C. Assess the needs of the family members at the facility.**
- D. Ensure that all content in the training is relevant and practical.

**Answer: C**

Explanation:

The correct answer is A, "Assess the needs of the family members at the facility," as this is the first step the infection preventionist (IP) should take when developing an infection prevention training program for family members. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, effective education programs begin with a needs assessment to identify the specific knowledge gaps, cultural factors, and practical challenges of the target audience—in this case, family members. This initial step ensures that the training is tailored to their level of understanding, language preferences, and the infection risks they may encounter (e.g., hand hygiene, isolation protocols), aligning with adult learning principles (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs). Without this assessment, subsequent steps risk being misaligned with the audience's needs, reducing the program's effectiveness.

Option B (create clearly defined goals and objectives for the training) is a critical step but follows the needs assessment, as goals should be based on identified needs to ensure relevance. Option C (ensure that all content in the training is relevant and practical) depends on understanding the audience's needs first, making it a later step in the development process. Option D (develop a plan to create an appropriate training environment) is important for implementation but requires prior knowledge of the audience and content to design effectively.

The focus on assessing needs aligns with CBIC's emphasis on evidence-based education design, enabling the IP to address specific infection prevention priorities for family members and improve outcomes in the facility (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs). This approach is supported by CDC guidelines, which recommend audience assessment as a foundational step in health education programs.

References: CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competencies 4.1 - Develop and implement educational programs, 4.2 - Evaluate the effectiveness of educational programs. CDC Health Education Curriculum Analysis Tool, 2019.

### NEW QUESTION # 192

A patient with fever, rash, and meningoencephalitis is admitted to the hospital, placed in Droplet Precautions, and started on antibiotic therapy. Bacterial cultures of the blood and spinal fluid are negative, and infection with West Nile virus is strongly suspected by the infectious disease consultant. Appropriate control measures should include:

- **A. Discontinuing Droplet Precautions.**
- B. Quarantining the family's pet parakeet.
- C. Administering immunoglobulin to family members.
- D. Continuing present measures.

**Answer: A**

Explanation:

West Nile virus (WNV) is a mosquito-borne infection. In routine healthcare and household settings, WNV is not spread through coughing, sneezing, or touching and is not transmitted by casual person-to-person contact. Because Transmission-Based Precautions (e.g., Droplet) are used when there is evidence or strong concern for transmission via droplet/contact/airborne routes, WNV suspicion does not justify continuing Droplet Precautions once other droplet-spread causes are no longer suspected.

CDC isolation guidance principles indicate that when there is no evidence for person-to-person transmission by droplet, contact, or airborne routes, Standard Precautions are appropriate. Therefore, the correct action is to discontinue Droplet Precautions and manage the patient using Standard Precautions (hand hygiene and appropriate PPE based on anticipated exposure to blood/body fluids).

The other options are not indicated: immunoglobulin for family members is not a standard infection control measure for WNV, quarantining a pet parakeet is irrelevant to WNV transmission, and "continuing present measures" would unnecessarily maintain

Droplet Precautions without a transmission-based indication.

### NEW QUESTION # 193

Essential knowledge, behaviors, and skills that an individual should possess and demonstrate to practice in a specific discipline defines which of the following?

- A. Training
- **B. Competence**
- C. Certification
- D. Knowledge

**Answer: B**

Explanation:

The correct answer is B, "Competence," as it defines the essential knowledge, behaviors, and skills that an individual should possess and demonstrate to practice in a specific discipline. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, competence encompasses the integrated application of knowledge, skills, and behaviors required to perform effectively in a professional role, such as infection prevention and control. Competence goes beyond mere knowledge or training by including the ability to apply these attributes in real-world scenarios, ensuring safe and effective practice (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.3 - Assess competence of healthcare personnel). This holistic definition is critical in healthcare settings, where demonstrated competence-through actions like proper hand hygiene or outbreak management-directly impacts patient safety and infection prevention outcomes.

Option A (certification) refers to a formal recognition or credential (e.g., CIC certification) that validates an individual's qualifications, but it is an outcome or process rather than the definition of the underlying abilities.

Option C (knowledge) represents the theoretical understanding or factual basis of a discipline, which is a component of competence but not the full scope that includes behaviors and skills. Option D (training) involves the education or instruction provided to develop skills and knowledge, serving as a means to achieve competence rather than defining it.

The focus on competence aligns with CBIC's emphasis on ensuring that healthcare personnel are equipped to meet the demands of infection prevention through a combination of education, practice, and evaluation (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs). This definition supports the development of professionals who can adapt and perform effectively in dynamic healthcare environments.

References: CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competencies 4.2 - Evaluate the effectiveness of educational programs, 4.3 - Assess competence of healthcare personnel.

### NEW QUESTION # 194

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